



Chancellor's Circle Society 2022- 2023 Membership

Please specify: Business Membership Personal Membership

Name: _____

Company/Organization: _____

Address: _____

City State Zip Code: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Email: _____

Membership Donation: My \$1,000 (*one thousand dollars*) annual membership donation is enclosed (*Membership term: July 1 – June 30*).

Method of Payment:

Check: (*made payable to SCCC Foundation*)

Credit Card Type: American Express Discover MasterCard Visa

Card # _____ Exp: _____ 3 or 4-digit code: _____

Billing Address: _____

City/State/Zip Code: _____

You can arrange to make payments with your credit card as follows:

- \$1,000 one-time charge
- \$84.00 (monthly for 12 months)
- \$250 (quarterly)

Signature _____

Date _____

For any questions regarding membership, please contact Kelly Joos, Assistant Director at kelly.joo@scccd.edu.

